CACFP
Child and Adult Care Food Program
New York State Department of Health

APPLICATION FOR START-UP OR EXPANSION PAYMENTS
for Sponsoring Organizations of Day Care Homes

Instructions: Refer to the attached instructions for description of start-up or expansion payments before completing this application. Attach additional sheets when necessary.

Mail completed application to: CACFP, Homes Unit, 150 Broadway, FL 6 West, Albany, NY 12204-2719.

1. CACFP Agreement #_____

2. Name of Sponsoring Organization

_____

_____

Mailing Address

_____

_____

City _____

State _____ Zip _____

Contact Person

Name _____

Title _____

Telephone Number

_____ Ext _____

_____ Ext _____

Fax Number

_____ Ext _____

E-mail Address

_____

3. Check which application this is for

☐ Start-up Grant - Have start-up payments ever been received by your organization?

☐ Yes. If yes, date of grant _____

☐ No

☐ Expansion Grant - Have expansion payments ever been received by your organization?

☐ Yes. If yes, date of grant _____

☐ No

4. Indicate the number of day care home providers, if any, that are currently operating under your sponsorship.

_____ None (If *none*, go to question 5)

_____ Total number of homes connected to Sponsor

_____ Number of homes claiming last month

_____ Number of homes inactive last month

_____ Number of exempt caregivers claiming

5. How many years has your organization sponsored day care home providers?

_____ Number of years

6. Estimate the number of new day care home providers that will participate in CACFP under your sponsorship if start-up or expansion payments are granted and expansion plans are successful.

_____# Additional licensed/registered homes _____# Additional exempt informal caregivers

7a. Provide the geographical boundaries of the area that is <u>currently</u> served by your Sponsoring Organization.

7b. Provide the geographical boundaries of the area(s) that will be served if start-up or expansion payments are approved, if <u>different</u> than above (7a).

Only organizations applying for Expansion payments need to answer questions 7c &8. Attach additional pages if necessary. Please refer to the instructions for assistance in answering this question.

7c. Provide the required documentation to show that expansion will serve non-participating day care home providers in rural, low-income and/or unserved areas.

8. If this is a second application for expansion payments, please provide a review of the accomplishments from the previous grant. Include a justification for continuing expansion activities into <u>other</u> rural, low-income or unserved areas.

9. Provide information on the total number of licensed, registered or legally-exempt informal caregivers in your service area. Include the number of licensed, registered or exempt day care home providers in your service area that are <u>not</u> currently participating in CACFP.

10. What is the source of the estimated number of unserved or non-participating providers for which you will claim Start-up or Expansion payments? What information or resources were used to determine the unmet need? Attach copies of reference materials used to determine the need for the expansion.

11. Explain in <u>detail</u> your plan to locate and contact non-participating day care home providers. Describe the activities that will be taken to initiate or expand program operations in unserved day care homes. Attach copies of outreach flyers or brochures, if applicable. Please note that active recruitment of providers who are already participating in CACFP is strictly prohibited.

12. Describe the training plan that your organization will establish for new day care home providers. Attach any educational handouts that will be used in this training.

13. Describe procedures for conducting pre-approval visits to each proposed new CACFP day care home. Include in this description the time frame from initial contact with the provider to the date of pre-approval visit. Identify which staff member(s) will conduct the visits. Attach copies of forms to be used.

14a. How many day care home providers, that are not currently under your sponsorship, have you contacted at this time?

_____

14b. How many of these do you estimate could be recruited to participate in CACFP under your sponsorship?

_____

14c. How many of the day care home providers, that you plan to target in your Start-up or Expansion activities, are currently participating in CACFP with another Sponsor?

Number of CACFP providers _____

Name of other Sponsor(s)_____

15. Provide the time frame for the Start-up or Expansion activities. The time frame should be less than one year and should not cross federal fiscal years (October 1 to September 30).

_____ to _____

16. Enter the budget from the Sponsoring Organization's approved CACFP application for the current fiscal year. Provide the year-to-date expenditures for each budget category. In the Start-up or Expansion Payments column, enter the requested budget amounts. Attach a detailed justification for each budget category for which Start-up or Expansion funds are being requested.

NOTE: Payments for Start-up or Expansion activities will be issued in an amount equal to the administrative reimbursement that the Sponsoring Organization would earn for administering CACFP for not more than 50 homes, for not less than 1 month and not more than 2 months. ***See the attached instructions.***

Budget Categories	Current Approved Budget	Expenditures (year to date)	Additional Start-up or Expansion Payments
Personnel *(from Question 18)*			
Operating Costs			
Allocated Costs			
Travel			
Training			
Professional Service			
Capital Outlay			
Other			
Indirect			
Total			

17. List the sources and amounts of funds, other than CACFP Start-up or Expansion payments that will be spent on your organization's Start-up or Expansion efforts, if any.

Source _____ Amount ($) _____

_____ _____

18. If applicable, list the Sponsoring Organization personnel who will be involved in expanding CACFP in day care homes and indicate which personnel costs will be paid with Start-up or Expansion funds. Attach additional sheets if necessary. Please attach job descriptions.

Employees				**Hours Worked per Day**			**Current Salary**		**Expansion Salary**	
1 Employee Name	2 Title of Position	3 Currently Funded by CACFP? (Y/N)	4 Hourly Wage	5 Hours Currently Worked for CACFP	6 Hours to be Worked for Grant	7 Total Hours Worked for CACFP	8 Current Annual CACFP Salary	9 Total Current Salary and Fringe Benefits	10 Additional Start-up or Expansion Grant Salary	11 Total Grant Salary and Fringe Benefits
						Grand Totals				

Please complete all information for employees who will be conducting CACFP Start-up or Expansion Grant activities, whether paid with CACFP funds or not. Attach job descriptions, which include CACFP duties, for each employee or title. Round total figures to the nearest dollar.

Column:

1. **Employee Name:** Enter employee's name that works on the food program.
2. **Title of Position:** Enter the position title of employee listed in column 1 (i.e., claims processor, monitor, director, accountant, etc.).
3. **Indicate (Y/N) if the position is funded with CACFP funds.**
4. **Hourly Wage:** Enter employee's hourly rate of pay.
5. **Hours Currently Worked for CACFP:** Enter the number of hours employee currently works per day on CACFP activities.
6. **Hours to be Worked for Grant:** Enter the number of hours the employee will work per day on Start-up or Expansion Grant activities.
7. **Total Hours Worked for CACFP:** Enter total number of hours the employee will be working for CACFP and the grant activities**.**
8. **Current Annual CACFP Salary:** Enter the employee's current annual salary (may be obtained from the approved CACFP budget).
9. **Total Current Salary and Fringe Benefits:** Enter the total current salary plus fringe benefits.
10. **Additional Start-up or Expansion Grant Salary:** Enter the employee's additional salary for the Start-Up or Expansion Grant activities.
11. **Total Grant Salary and Fringe Benefits:** Enter the total Start-up or Expansion Grant salary plus fringe benefits.

19. Does your Sponsoring Organization now participate, or has it participated, in any State or Federally-funded programs, other than CACFP, funded through USDA?

☐ NO ☐ YES If yes, please list the programs.

20. Has your Sponsoring Organization or any of its principals ever been terminated from a USDA or other publicly-funded program?

☐ NO ☐ YES If yes, please give the name of the program and an explanation.

21. Has an independent audit been conducted of your Sponsoring Organization in the past 2 years?

☐ NO ☐ YES Attach a copy of the audit to this application *if* it has not been previously submitted to the NYS Department of Health.

22. Print the name and title of the Sponsoring Organization's Board of Directors president, as indicated on the Certificate of Authority (DOH-3671), who will sign the Supplemental Agreement for Start-up or Expansion funds.

Name_____

Title_____

SUPPLEMENTAL AGREEMENT FOR
Application for Start-Up or Expansion Payments for Sponsoring Organizations of Day Care Homes

Instructions: Two copies of this supplemental agreement are required, each with an original signature.

I CERTIFY that the information on this application is true to the best of my knowledge, that I will accept final administrative and financial responsibility for developing and initiating participation in the Child and Adult Care Food Program at day care homes that are under my administration or will be under my administration, and that start-up payments or expansion payments (whichever granted and received) will be used for administrative costs incurred in recruiting, training, monitoring and administering the Child and Adult Care Food Program at day care homes under my administration. In the event that every reasonable effort is not taken to initiate program operations at day care homes, start-up or expansion payments which I have received will be refunded upon demand to the New York State Department of Health, Child and Adult Care Food Program. I further understand that this information is being given in connection with the receipt of Federal Funds, and that deliberate misrepresentation may subject me to prosecution under applicable State and Federal criminal statutes. The Program must be made available to all eligible children regardless of color, race, sex, age, disability or national origin.

Date	Name of Sponsoring Organization (Please type or print)	Signature of Sponsoring Organization's Board President

Supplemental Agreement in Effect From _____ (Date) To _____ (Date)

_____ _____
CACFP State Director Date

SUPPLEMENTAL AGREEMENT FOR
Application for Start-Up or Expansion Payments
for Sponsoring Organizations of Day Care Homes

Instructions: Two copies of this supplemental agreement are required, each with an original signature.

I CERTIFY that the information on this application is true to the best of my knowledge, that I will accept final administrative and financial responsibility for developing and initiating participation in the Child and Adult Care Food Program at day care homes that are under my administration or will be under my administration, and that start-up payments or expansion payments (whichever granted and received) will be used for administrative costs incurred in recruiting, training, monitoring and administering the Child and Adult Care Food Program at day care homes under my administration. In the event that every reasonable effort is not taken to initiate program operations at day care homes, start-up or expansion payments which I have received will be refunded upon demand to the New York State Department of Health, Child and Adult Care Food Program. I further understand that this information is being given in connection with the receipt of Federal Funds, and that deliberate misrepresentation may subject me to prosecution under applicable State and Federal criminal statutes. The Program must be made available to all eligible children regardless of color, race, sex, age, disability or national origin.

Date	Name of Sponsoring Organization (Please type or print)	Signature of Sponsoring Organization's Board President

Supplemental Agreement in Effect From _____ To _____
Date Date

_____ _____
CACFP State Director Date